

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3532AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2010
NAME OF PROVIDER OR SUPPLIER HACIENDA ADULT CARE OF SPRING VALLEY INC		STREET ADDRESS, CITY, STATE, ZIP CODE 5320 SHARON MARIE COURT LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 4/15/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was six. Six resident files were reviewed and five employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of A.</p>	Y 000		
Y 103 SS=E	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by:</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 Based on record review on 4/15/10, the facility failed to ensure 2 of 5 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #1 and #3). This was a repeat deficiency from the 2/6/09 State Licensure survey. Severity: 2 Scope: 3	Y 103			
Y1010 SS=F	449.2764(1) Mental Illness Training NAC 449.2764 1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. This Regulation is not met as evidenced by: Based on record review on 4/15/10, the facility failed to ensure that a minimum of 8 hours of training related to the care of Mental Illness was received within 60 days of hire by 4 of 4 (Employee #4 and #5). Severity: 2 Scope: 3	Y1010			

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